



PUBLIC SERVICE COMPANY

For PSCo Use Only :

Contract # : _____

New Meter Required : _____

**FORM OF REQUEST FOR
GAS TRANSPORTATION SERVICE**

SHIPPER INFO

Date: _____
Shipper : * _____
Mailing & _____
Notice Address: _____
Notice Email: _____
Billing Address: _____
Billing Email: _____
Contact Name : _____ State of Incorporation: _____
Phone: _____
Email: _____

Emergency Contacts: *For gas flow and other communications. Three preferred.*
During 1 _____ Phone 1 _____
Business Hours 2 _____ 2 _____
3 _____ 3 _____
After 1 _____ 1 _____
Business Hours 2 _____ 2 _____
3 _____ 3 _____

**If Shipper is different from Receiving Party, then Shipper must include written authorization from Receiving Party to act on its behalf.*

RECEIVING PARTY INFO

Receiving Party: * _____
Mailing Address: _____
Contact Name: _____
Phone: _____ Email: _____

Receiving Party Customer Service:

Existing (Check Prior (and prior service type) or New):
Prior (Contract#: _____) / New Facility
Firm Sales Interruptible Tran. & On Peak Demand
Firm Transport Int Transport Interruptible Sales

Requested Service (Check one):
Interruptible Transport Firm Transport
Interruptible Transportation & On Peak Demand

** Attach list showing the required information for each Receiving Party.*

If converting from sales to transport, Electronic Meter Installation form(s) provided by (check one): PSCo _____ Shipper _____
For daily balancing, Shipper selects (check one): Transporter Balancing Option _____ Shipper Daily Balancing Option _____

SERVICE INFO

INTERRUPTIBLE SERVICE Receiving Party* & Facility Address	Annual Quantity (Dth)	MDQ	On Peak Demand Qty

FIRM SERVICE Receiving Party* & Facility Address	Annual Quantity (Dth)	MDQ

**If more than two, attach list showing the above information for each.*



PUBLIC SERVICE COMPANY

**FORM OF REQUEST FOR
GAS TRANSPORTATION SERVICE**

SVC INFO

Requested Date of Service to Commence: _____
Requested Date of Service to Terminate: _____

TRANSPORTATION INFO

**Firm Transportation and On Peak Demand Option for Interruptible
Transportation Service - Primary Receipt Point(s)**

**Firm
Receipt
Point Daily
Quantity
(Dth)***

Total _____

**Firm Receipt Point Quantity should not include FL&U %, and Total Quantity cannot exceed MDQ.*

NOM AGENT

Nominating

Agent: _____

Mailing Address: _____

Contact Name: _____

Phone: _____

Email: _____

Emergency Contacts During:

Business Hours: _____

After Hours: _____

Phone: _____

Phone: _____

BILLING AGENT

Billing

Agent: _____

Mailing Address: _____

Contact Name: _____

Phone: _____

Email: _____

APPROVAL

Submitted By

(Signature):* _____

Printed Name: _____

Title: _____

Date: _____

**Must be signed by an authorized representative*

PSCo Use Only

Approved: _____

Date: _____

Name: _____

Title: _____

Transport Rep: _____

Date: _____

Agency Designation Received: _____

Meter Request Completed: _____

Imbalance transfer letter submitted with request (y/n) _____

Credit/Security Required: _____